



PATIENT

Lovey Gordon

SPECIES

Canine

BREED

Pit Mix

SEX

FS

AGE

9yr

WEIGHT

65.1lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Karla Schultz

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Karla Schultz

INVOICE

24671

DATE

04/28/2026

PRESENTING CLINICAL SIGNS

hx of multiple dermal mast cell tumors, a solitary SC mast cell tumor (incompletely excised), and then B-cell lymphoma. Treated lymphoma with CHOP therapy, relapse occurred 3/2026 so chemo switched to LVPP with first dose of lomustine 3/2026. Grade IV febrile neutropenia 1 week post LVPP week 0, cycle 1 (hospitalized and recovered well). Recheck labs 4/20/26- Elevated liver values (ALT- 874 U/L, ALP- 581 U/L, GGT 20) --> chemotherapy paused
Recheck liver values 4/26/26- Progressive liver values (ALT- 2194 U/L, ALP- 1774, GGT 62 U/L)
Current meds include prednisolone 30 mg q24h, famotidine 20 mg q12h, diphenhydramine 50 mg daily.
Primary differentials for increased LEZ are lomustine toxicity vs lymphoma metastasis vs MCT metastasis vs other.

Abnormal PE/Chem/CBC/UA Results: Recheck labs 4/20/26- Elevated liver values (ALT- 874 U/L, ALP- 581 U/L, GGT 20); neutrophils WNL --> chemotherapy paused Recheck liver values 4/26/26- Progressive liver values (ALT- 2194 U/L, ALP- 1774, GGT 62 U/L) FNA of liver acquired today, submitted for pathologist review

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.1 cm in length. The right kidney measured 6.8 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited mild enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder



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The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt visualized mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild splenomegaly
- Sonographically unremarkable gastrointestinal tract with mild, non-shadowing gastric ingesta
- Normal gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the spleen and liver did not definitively meet primary or metastatic neoplastic criteria without evidence of hepatosplenic masses or nodules, maintained symmetrical hepatosplenic contour and homogenous parenchyma. Given historical round cell neoplasia potential for emerging or occult hepatosplenic primary or metastatic neoplasia cannot be definitively excluded.

Correlation with pending hepatic FNA cytology and suggested concurrent splenic FNA cytology, assuming normal clotting status and using 25ga needle. Hepatosupportive medications may prove beneficial if not currently instituted.



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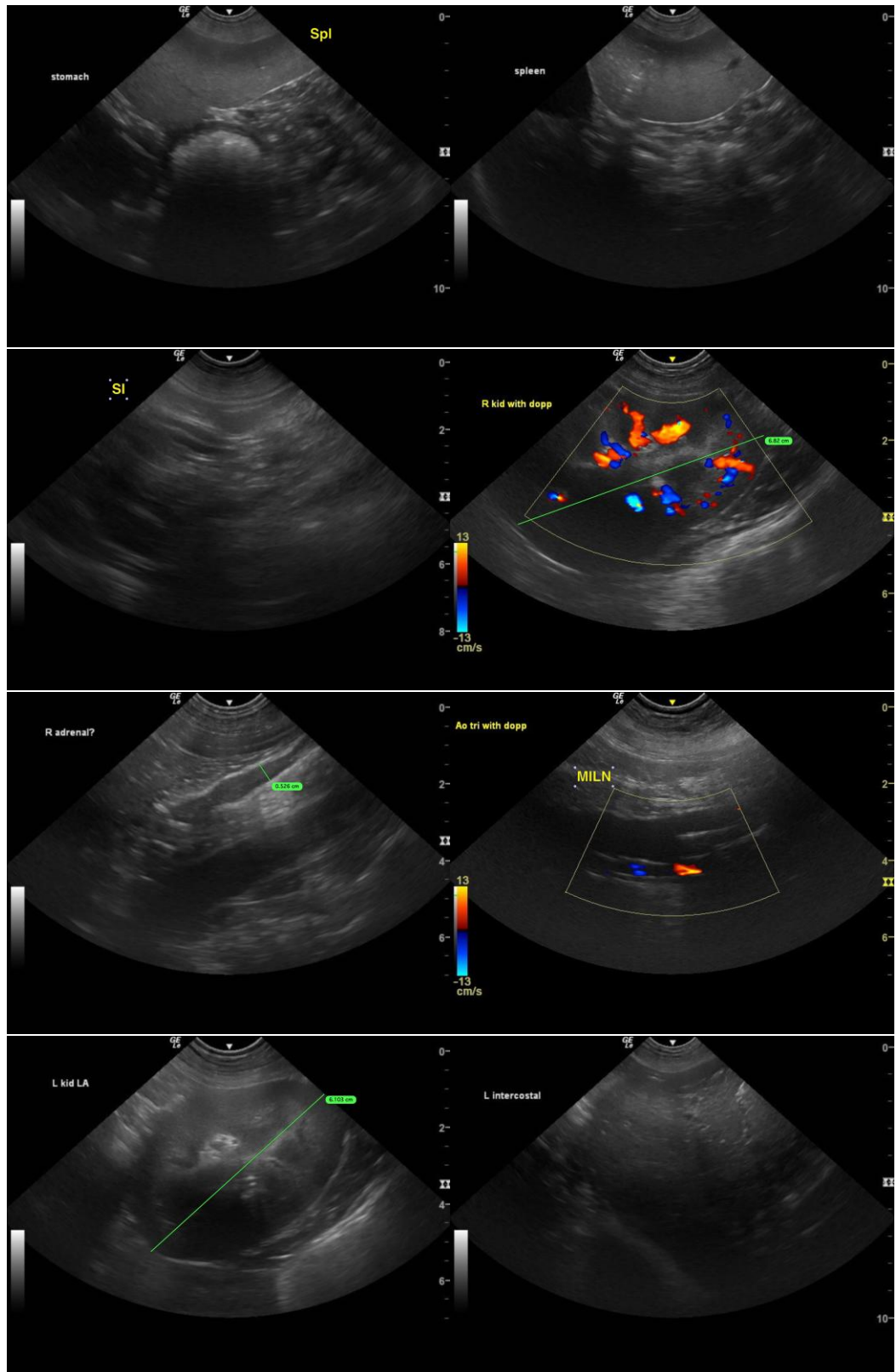
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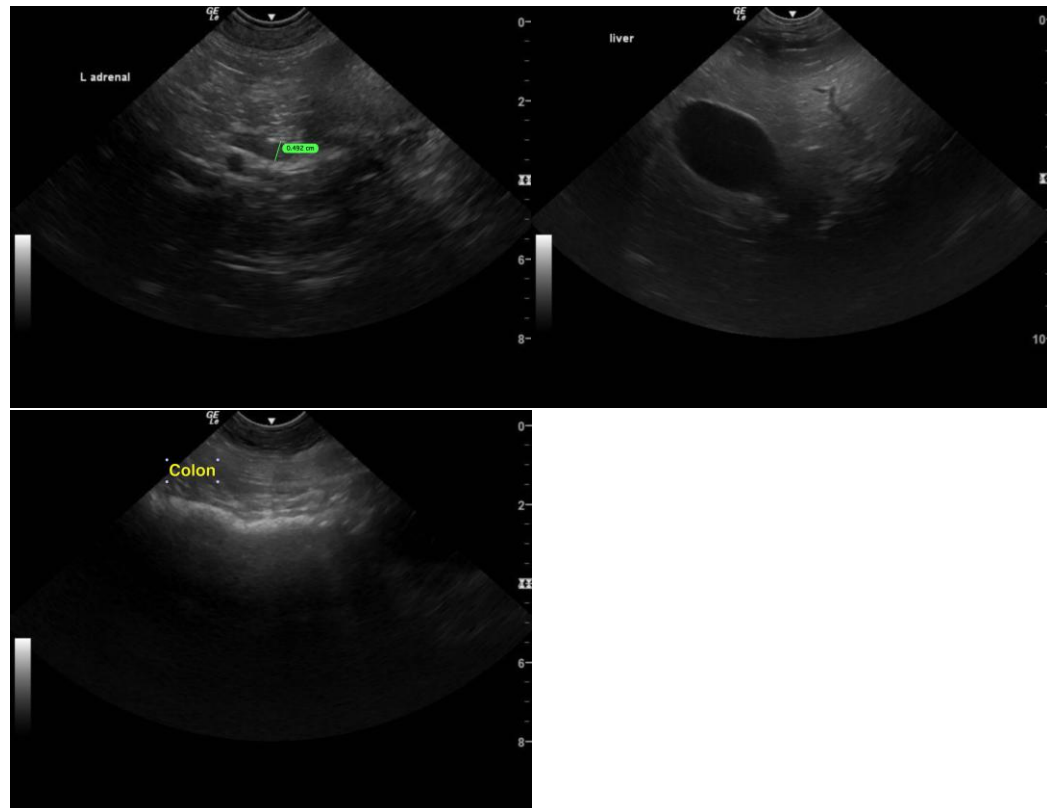
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com